
PLAINTIFF CONSENT FORM

I hereby consent to make a claim against Aurora Health Care for overtime and minimum wage pay. During the past three years there were weeks that I worked over 40 hours as a security officer for Aurora Health Care, including time worked during on-duty meal periods, and did not receive overtime compensation for those hours. During the past three years there were hours that I worked for Aurora Health Care which were not compensated, and for which I received less than the minimum wage, including time worked during on-duty meal periods.

Eric E. Snowden

Signature and Date

Eric E. Snowden

Print Name

